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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/421,212 10/25/2002 *yes/ss*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none/ss*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 01/23/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UT	SHEETS DRAWING 16	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature *SS* Initials

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TITLE  
 Cushion for a wheelchair

FILING FEE  RECEIVED 1242	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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